Fill in this information to identify your case:		ĺ
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF NEW YORK		
Case number (if known)	Chapter you are filing under:	
·	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	☐ Check if this an amended filing

# Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	identity Yourself			
1.	Your full name	About Debtor 1:	About D	ebtor 2 (Spouse Only in a Joint Case):
•			5949 1718	
	Write the name that is on	Lisa-Ann		
	your government-issued picture identification (for example, your driver's	First name	First nam	ne
	license or passport).	Middle name	Middle na	ame
	Bring your picture	Samboy		
	identification to your meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last nam	ne and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	Lisa-Ann Jelinek		
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-5629		

Dę	otor1 <u>Lisa-Ann Samboy</u>	,	Case number (if known)
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live	45 Roslyn Street	If Debtor 2 lives at a different address:
		Islip Terrace, NY 11752 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Suffolk	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
<b>3</b> ,	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Lisa-Ann Samboy Tell the Court About Your Bankruptcy Case The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be walved (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ☐ No. bankruptcy within the last 8 years? Yes. District EDNY When 2/11/16 Case number 16-70532 District When Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you District When Case number, if known Debtor Relationship to you District When Case number, if known 11. Do you rent your ■ No. Go to line 12. residence? ☐ Yes. Has your landlord obtained an eviction judgment against you? No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

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Entered 05/14/18 15:02:55

Case number (if known)

Case 8-18-73287-reg

	Case	e 8-18-7	73287-reg Doc 1 Filed 05/14/18 Entered 05/14/18 15:02:55				
Deb	otor 1 Lisa-Ann Samboy	<i>!</i>	Case number (if known)				
Par	Report About Any Bu	usinesses	You Own as a Sole Proprietor				
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.				
		□ Yes.	Name and location of business				
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, State & ZIP Code				
	it to this petition.		Check the appropriate box to describe your business:				
			☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))				
			☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))				
			Stockbroker (as defined in 11 U.S.C. § 101(53A))				
			☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))				
			□ None of the above				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline. operation	e filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate s. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of its, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure S.C. 1116(1)(B).				
	For a definition of small	■ No.	I am not filing under Chapter 11.				
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.				
		☐ Yes.	I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.				
art	4: Report if You Own or	Have Anv	/ Hazardous Property or Any Property That Needs Immediate Attention				
4.	Do you own or have any	■ No.					
	property that poses or is alleged to pose a threat	☐ Yes.					
	of imminent and identifiable hazard to public health or safety?		What is the hazard?				
	Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?				
			Number, Street, City, State & Zip Code				

Debtor 1 Lisa-Ann Samboy

Case number (if known)

Part 5:

### Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

~	ь.	•		п	eb	•		
~	v	JL	11.	ш.	σv	w		١.

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 davs.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. 

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Lisa-Ann Samboy Case number (if known) Part 6: Answer These Questions for Reporting Purposes Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an What kind of debts do 16a. you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. □ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts I am not filing under Chapter 7. Go to line 18. 17. Are you filing under ■ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do **1,000-5,000 25.001-50.000** ■ 1-49 you estimate that you □ 50-99 **5001-10,000 50.001-100.000** owe? **10.001-25.000** ☐ More than 100,000 **100-199** 200-999 19. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million ☐ \$10,000,000,001 - \$50 billion \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities **550,001 - \$100,000** □ \$10,000,001 - \$50 million \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million **\$100.001 - \$500.000** □ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571 Lişa-Ann Samboy Signature of Debtor 2 Signature of Debtor 1 Executed on May 14, 2018 Executed on MM / DD / YYYY MM / DD / YYYY

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Case 8-18-73287-reg

Case 8-18-73287-reg Doc 1 Filed 05/14/18 Entered 05/14/18 15:02:55 Debtor 1 Lisa-Ann Samboy Case number (if known) I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed For your attorney, if you are represented by one under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect. If you are not represented by an attorney, you do not need to file this page. Date May 14, 2018 ey for Debtor Signature of Attorn MM / DD / YYYY Charles J. Fisher Printed name Charles J. Fisher, Esq. Firm name 375 Commack - Suite 204 Deer Park, NY 11729 Number, Street, City, State & ZiP Code Contact phone (631) 456-4842 Email address cjfjurisdr@aol.com cf4030 NY

Bar number & State

Doc 1 Filed 05/14/18 Entered 05/14/18 15:02:55 Case 8-18-73287-reg Fill in this information to identify your case: Debtor 1 Lisa-Ann Samboy Middle Name Last Name First Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK Case number (if known) ☐ Check if this is an amended filing Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. Part 1: Summarize Your Assets Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) 375,000.00 1a. Copy line 55, Total real estate, from Schedule A/B..... 1b. Copy line 62, Total personal property, from Schedule A/B..... 7,752.00 1c. Copy line 63, Total of all property on Schedule A/B..... 382,752.00 Part 2: Summarize Your Liabilities Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 419.194.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... 0.00 Your total liabilities 419,194.00 Part 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I..... 2.405.50 Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J..... 1,167.00 Part 4: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

- Yes
- 7. What kind of debt do you have?
  - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
  - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Deb	tor 1 Lisa-Ann Samboy	Case number (if known)	
8.	From the Statement of Your Current Monthly Income: Copy your total cur 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	rent monthly income from Official Form	\$ 7,416.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total clai	
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Case 8-18-73287-reg Filed 05/14/18 Entered 05/14/18 15:02:55 Doc 1 Fill in this information to identify your case and this filing: Debtor 1 Lisa-Ann Samboy Middle Name First Name Last Name Debtor 2 First Name (Spouse, if filing) Middle Name Last Name United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct Information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? ☐ No. Go to Part 2. Yes. Where is the property? 1.1 What is the property? Check all that apply 45 Roslyn Street Single-family home Do not deduct secured claims or exemptions. Put Street address, if available, or other description the amount of any secured claims on Schedule D: Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Condominium or cooperative Manufactured or mobile home Current value of the Current value of the Islip Terrace NY 11752-0000 entire property? portion you own? City State ZIP Code Investment property \$375,000.00 \$375,000.00 Timeshare Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one Fee simple Debtor 1 only Suffolk Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for \$375,000.00 pages you have attached for Part 1. Write that number here.....=> Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B

Schedule A/B: Property

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Debtor 1 Lisa-Ann Samboy Case number (if know	n)
<ul> <li>10. Firearms</li></ul>	
<ul> <li>11. Clothes</li></ul>	
debtor's clothing located at debtor's residence	\$250.00
<ul> <li>12. Jeweiry         <ul> <li>Examples: Everyday jeweiry, costume jeweiry, engagement rings, wedding rings, heirloom jeweiry, watches, gems</li> <li>No</li> <li>Yes. Describe</li> </ul> </li> </ul>	s, gold, silver
13. Non-farm animals  Examples: Dogs, cats, birds, horses  ■ No □ Yes. Describe	
<ul> <li>14. Any other personal and household items you did not already list, including any health aids you did not list ■ No</li> <li>□ Yes. Give specific information</li> </ul>	
15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here	\$4,550.00
Part 4: Describe Your Financial Assets  Do you own or have any legal or equitable interest in any of the following?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
16. Cash  Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your per	ition
■ No □ Yes	
<ul> <li>17. Deposits of money         Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage institutions. If you have multiple accounts with the same institution, list each.     </li> <li>No</li> </ul>	e houses, and other similar
Yes	
17.1. Brokerage TD Ameritrade	\$1,702.00
<ul> <li>18. Bonds, mutual funds, or publicly traded stocks         Examples: Bond funds, investment accounts with brokerage firms, money market accounts     </li> <li>■ No</li> </ul>	
☐ Yes Institution or issuer name:	
<ol> <li>Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest joint venture</li> <li>No</li> </ol>	est in an LLC, partnership, and
☐ Yes. Give specific information about them	

Schedule A/B: Property

page 3

Schedule A/B: Property

	Case 8-18-73287-reg Doc :	1 Filed 05/14/18 Entered 05/14/18	3 15:02:55
Debtor 1	Lisa-Ann Samboy	Case number (if known)	
	ets in insurance policies poles: Health, disability, or life insurance; health saving	gs account (HSA); credit, homeowner's, or renter's insura	nnce
☐ Yes.	Name the insurance company of each policy and list Company name:	its value. Beneficiary:	Surrender or refund value:
If you a somed	terest In property that is due you from someone ware the beneficiary of a living trust, expect proceeds from has died.	who has died from a life insurance policy, or are currently entitled to red	ceive property because
■ No □ Yes.	Give specific information		
Examp ■ No	against third parties, whether or not you have file bles: Accidents, employment disputes, insurance clair Describe each claim	ed a lawsuit or made a demand for payment ms, or rights to sue	
■ No	contingent and unliquidated claims of every nature  Describe each claim	re, including counterclaims of the debtor and rights t	o set off claims
■ No	ancial assets you did not already list  Give specific information		
36. Add to	he dollar value of all of your entries from Part 4, in art 4. Write that number here	ncluding any entries for pages you have attached	\$1,702.00
Part 5: Des	scribe Any Business-Related Property You Own or Have	an Interest In. List any real estate In Part 1.	
No. Go	own or have any legal or equitable interest in any busines to Part 6. to to line 38.	ss-related property?	
Part 6: Des	scribe Any Farm- and Commercial Fishing-Related Prope ou own or have an interest in farmland, list it in Part 1.	erty You Own or Have an Interest in.	
No.	own or have any legal or equitable interest in any Go to Part 7. Go to line 47.	y farm- or commercial fishing-related property?	1
Part 7:	Describe All Property You Own or Have an Interest in T	That You Did Not Liet Abovo	
53. Do you Examp ■ No	have other property of any kind you did not alrea les: Season tickets, country club membership Give specific information		
54. Add ti	ne dollar value of all of your entries from Part 7. W	Vrite that number here	\$0.00

Schedule A/B: Property

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Debi	tor 1 Lisa-Ann Samboy			Case number (if known)	
Part	List the Totals of Each Part of this Form				
55.	Part 1: Total real estate, line 2			***************************************	\$375,000.00
56.	Part 2: Total vehicles, line 5		\$1,500.00		
57.	Part 3: Total personal and household items, line 15		\$4,550.00		
58.	Part 4: Total financial assets, line 36		\$1,702.00		
59.	Part 5: Total business-related property, line 45		\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	***************************************	\$0.00		
61.	Part 7: Total other property not listed, line 54	+	\$0.00	,	
62.	Total personal property. Add lines 56 through 61	_	\$7,752.00	Copy personal property total	\$7,752.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62				\$382,752.00

Official Form 106A/B

Filed 05/14/18 Entered 05/14/18 15:02:55 Case 8-18-73287-reg Doc 1 Fill in this information to identify your case: Debtor 1 Lisa-Ann Samboy First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK Case number (if known) ☐ Check if this is an amended filing Official Form 106C Schedule C: The Property You Claim as Exempt 4/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. Part 1: Identify the Property You Claim as Exempt 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 1996 Buick LaSabre 87454 miles 11 U.S.C. § 522(d)(2) \$1.500.00 \$1,500.00 Line from Schedule A/B: 3.1 100% of fair market value, up to any applicable statutory limit Household furnishings no single 11 U.S.C. § 522(d)(3) \$3,500.00 \$3,500.00 item of which has a value of more than \$600 100% of fair market value, up to Line from Schedule A/B: 6.1 any applicable statutory limit 2 televisions, 1 cell phone, personal 11 U.S.C. § 522(d)(3) \$800.00 computer, printer, no single item of which exceeds \$600 in value 100% of fair market value, up to

Official Form 106C

residence

\$250.00

\$1,702.00

any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

\$250.00

\$1,702.00

debtor's clothing located at debtor's

Line from Schedule A/B: 7.1

Line from Schedule A/B: 11.1

**Brokerage: TD Ameritrade** 

Line from Schedule A/B: 17.1

11 U.S.C. § 522(d)(3)

11 U.S.C. § 522(d)(5)

Case 8-18-73287-reg Doc 1 Filed 05/14/18 Entered 05/14/18 15:02:55 Debtor 1 Lisa-Ann Samboy Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 45 Roslyn Street, Islip Terrace, NY 11 U.S.C. § 522(d)(1) \$375,000.00 \$15,000.00 11752 Line from Schedule A/B: 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? 

No

Yes

Case 8-18-73287-reg Doc 1 Filed 05/14/18 Entered 05/14/18 15:02:55 Fill in this information to identify your case: Debtor 1 Lisa-Ann Samboy Middle Name Last Name First Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name EASTERN DISTRICT OF NEW YORK United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space Is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims Column A Column C Column B 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As Amount of claim Unsecured Value of collateral much as possible, list the claims in alphabetical order according to the creditor's name. Do not deduct the that supports this portion value of collateral. If any claim 2.1 Seterus Inc Describe the property that secures the claim: \$419,194.00 \$375,000.00 \$44,194.00 Creditor's Name 45 Roslyn Street Islip Terrace, NY 11752 Suffolk County As of the date you file, the claim is: Check all that PO Box 1077 Hartford, CT 06143-1077 ☐ Contingent Number, Street, City, State & Zip Code ☐ Unliquidated ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only ☐ An agreement you made (such as mortgage or secured Debtor 2 only Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another ☐ Judgment lien from a lawsuit ☐ Check If this claim relates to a First Mortgage Other (including a right to offset) community debt March 1, Date debt was incurred 2010 6767 Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages.

\$419,194.00

\$419,194,00

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Write that number here:

Case 8-18-73287-reg Doc 1 Filed 05/14/18 Entered 05/14/18 15:02:55 Fill in this information to identify your case: Debtor 1 Lisa-Ann Samboy First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name EASTERN DISTRICT OF NEW YORK United States Bankruptcy Court for the: (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (If known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☐ Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims

- 3. Do any creditors have nonpriority unsecured claims against you?
  - No. You have nothing to report in this part. Submit this form to the court with your other schedules.
  - ☐ Yes.

## Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

# Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Тс	tal Claim
Total	6a.	Domestic support obligations	6a.	\$	0.00
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
Total	6f.	Student loans	6f.	\$	tal Claim 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
veniari se in il cesso. Se ce in cita consecto	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	0.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	0.00

Official Form 106 E/F

THE SHIP ENGLISHED BY A LINE OF THE PARTY.

		Case 8-18-73	287-reg	DOC 1 F	-iiea 05/14/18 E	nierea 05/1/	4/18 15:02:55
Fill in	this info	mation to identify your	case:				
Debto	or 1	Lisa-Ann Sambo	ı,				
		First Name	Middle Na	ime	Last Name	<del></del>	
Debto (Spouse	or 2 e if, filing)	First Name	Middle Na	ame	Last Name	· · · · · · · · · · · · · · · · · · ·	
United	d States B	ankruptcy Court for the:	EASTERN D	DISTRICT OF I	NEW YORK		
Case (if know	number /n)			<b></b>			☐ Check if this is an amended filing
Sch Be as	complete	and accurate as possib	le. If two man	ried people ar	Unexpired Le	equally respon	12/15 sible for supplying correct
		nore space is needed, c s, write your name and			it out, number the entrie	s, and attach it t	o this page. On the top of any
	No. Che		rm with the cou	ırt with your otl	her schedules. You have lases are listed on <i>Schedu</i>		
ex	ist separa xample, re nd unexpir	ent, vehicle lease, cell p	npany with wh hone). See the	nom you have instructions fo	the contract or lease. The this form in the instruction	nen state what ea n booklet for more	ach contract or lease is for (for e examples of executory contracts
2.1	Person or	company with whom yo Name, Number, Street, City	ou have the co , State and ZIP Cod	ontract or leas	se State what the c	ontract or lease	Sfor
•	Number	Street		-			
	City		State	ZIP Code			
2.2	Name						
-	Number	Street					
	City		State	7ID Code	<del></del>		
2.3	Name		Siate	ZIP Code			
-	Number	Street					
	City		State	ZIP Code			
2.4	Name						
-	Number	Street			<u></u>	•	
	City		State	ZIP Code			·
2.5	Name						
-	Number	Street		<del></del> -	<del></del>		

Official Form 106G

City

ZIP Code

State

Filed 05/14/18 Entered 05/14/18 15:02:55 Case 8-18-73287-reg Doc 1 Fill in this information to identify your case: Debtor 1 Lisa-Ann Samboy First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK Case number ☐ Check if this is an amended filing Official Form 106H Schedule H: Your Codebtors 12/15 Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor. ■ No ☐ Yes 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. ☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Column 2: The creditor to whom you owe the debt Name, Number, Street, City, State and ZIP Code Check all schedules that apply: 3.1 ☐ Schedule D, line Name ☐ Schedule E/F. line Schedule G, line Number Street City State ZIP Code 3.2 ☐ Schedule D. line Name ☐ Schedule E/F, line ☐ Schedule G. line Number Street City State ZIP Code

Fil	I in this information to identify your o	case:							
	ebtor 1 Lisa-Ann Sa		****						
1	ebtor 2 ouse, if filing)								
Un	ited States Bankruptcy Court for the	e: EASTERN DISTRICT	OF NEW YORK						
	ise number inown)		-			Check if this is  An amende  A supplement	ed filing		chapter
0	fficial Form 106l							owing date.	
	chedule I: Your Inc	ome				MM / DD/ Y	7 7 7 7		12/15
sup spc atta	as complete and accurate as pos oplying correct information. If you cuse. If you are separated and you ach a separate sheet to this form. It 1: Describe Employment	i are married and not filli or spouse is not filling w On the top of any additi	ng jointly, and your s ith you, do not includ	pouse e info	is living mation	with you, included with the second with the second wour second with the second	ude informa ouse. If mor	ation about e space is :	your reeded.
1.	Fill in your employment information.		Debtor 1			Debtor 2	2 or non-fili	ng spouse	
	If you have more than one job, attach a separate page with information about additional employers.	Employment etetus	☐ Employed			☐ Empl	oyed		00 C X C C C C C C C C C C C C C C C C C
		Employment status	Not employed			☐ Not e	mployed		
	. ,	Occupation				<del></del>			
	Include part-time, seasonal, or self-employed work.	Employer's name						-	
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed ti	here?						
Pai	rt 2: Give Details About Mor	nthly Income							
E <b>sti</b> spoi	imate monthly income as of the duse unless you are separated.	ate you file this form. If y	you have nothing to rep	ort for	any line	, write \$0 in the	space. Inclu	ide your non	-filing
f yo	ou or your non-filing spouse have me e space, attach a separate sheet to	ore than one employer, co this form.	ombine the information	for all	employe	rs for that perso	n on the line	es below. If y	ou need
					00000	or Debtor 1	For Debt	or 2 or 3 spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,	ry, and commissions (be calculate what the monthly	efore all payroll y wage would be.	2.	\$	0.00	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	0.00	\$	N/A	

Debi	tor 1	Lisa-Ann Samboy	_	Cas	e number (if known)				
	Cop	by line 4 here	4.	2006 26 Y	or Debtor 1.		Debtor 2 oi -filing spou		
5.	l ist	all payroll deductions:		-					
٥.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	Í	NI/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	Š-		N/A N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	Ψ		N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	<u>\$</u> —		N/A	
	5ę.	Insurance	5e.	\$	0.00	\$		N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$		N/A	
	5g.	Union dues	5g.	\$	0.00	\$		N/A	
	5h.	Other deductions. Specify:	5h.+	• \$	0.00	+ \$		N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$		N/A	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	!	N/A	
8.	8a. 8b. 8c.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation	8a. 8b. 8c. 8d.	\$ - \$ - \$ -	0.00 0.00 1,205.50 0.00	\$ \$ \$		N/A N/A	
	8e.	Social Security	8e.	\$_	0.00	\$		N/A	
	8f. 8g. 8h.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income  Other monthly income. Specify: rent	_ 8f. 8g.	\$ \$	0.00	\$ \$	I	N/A N/A	
	O11.	Other monthly income, specify. Fent	_ 8h.+	<b>\$</b> _	1,200.00	+ \$		V/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,405.50	\$		N/A	
10.	Calc	sulate monthly income. Add line 7 + line 9.	10. \$		2,405.50 + \$		N/A = \$	;	2,405.50
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	·   `-		<u></u>		<del>- "" </del>   '		.,400.00
11.	Inclu othe	e all other regular contributions to the expenses that you list in <i>Schedule</i> . de contributions from an unmarried partner, members of your household, your or friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a cify:	depend		•	•	chedule J. 11. +\$		0.00
12.	Add Write appli	the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certain es	ılt is th Liabil	e co: lities	mbined monthly in and Related <i>Data</i>	come. , if it	12. \$		2,405.50
13.	Do y ■	ou expect an increase or decrease within the year after you file this form?  No.  You Explain	•					nbine nthly i	d income

Fill	in this informa	tion to identify y	our case:					
Deb	otor 1	Lisa-Ann Sa	mboy			Check	if this is:	
	otor 2					_ A	n amended filing supplement showi 3 expenses as of ti	ng postpetition chapter
, ,	ouse, if filing)	under Cerus few dies	. EASTE	DN DISTRICT OF NEWLY	ODK		IM / DD / YYYY	
Unii	ied States Bankr	uptcy Court for the	EASIE	RN DISTRICT OF NEW Y	ORK	IV		
	se number .nown)							
0	fficial Fo	rm 106J						
S	chedule	J: Your	Exper	ises				12/15
info	ormation. If m	and accurate as ore space is ne n). Answer eve	eded, atta	. If two married people ar ich another sheet to this n.	re fillng together, bo form. On the top of	th are equal any addition	ly responsible for al pages, write yo	supplying correct our name and case
		ibe Your House	ehold					
1.	Is this a join							
	■ No. Go to		in a senar	ate household?				
	□ res. Due		iii a sepai	ate nousenour				
		=	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate Housei	hold of Debto	r 2.	
2.	Do you have	e dependents?	■ No					
	Do not list De Debtor 2.		☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor	2	Dependent's age	Does dependent live with you?
	Do not state dependents i							□ No □ Yes
								□ No
								☐ Yes
								□ No
						<del>-</del>		☐ Yes
								□ No □ Yes
3.	expenses of	enses include f people other t i your depende	han 🗂	No Yes				L 163
Par	t 2: Estima	ate Your Ongoi	na Monthi	v Expenses				•
Est exp	imate your ex	penses as of y	our bankrı	uptcy filing date unless y y is filed. If this is a supp	ou are using this fo elemental Schedule	rm as a supp J, check the	plement in a Chap box at the top of	oter 13 case to report the form and fill in the
				government assistance i luded it on Schedule I: Y		i de la companion de la compan		
	ficial Form 10		u nave mo	audea it on <i>Schedule I: 1</i>	our income		Your expe	nses
4.		r home owners d any rent for th		ses for your residence. I	nclude first mortgage	4. \$		0.00
	If not include	ed in line 4:						
	4a. Real e	state taxes				4a. \$		0.00
	•	ty, homeowner's	-			4b. \$		0.00
			-	pkeep expenses		4c. \$		100.00
5.		owner's associat		dominium dues o <b>ur residence,</b> such as ho	me equity loops	4d. \$		0.00
٠.	Auditivitat II	rorreage payrill	erito IUF YC	on residence, such as no	me equity wans	5. \$		0.00

Deb	tor 1	Lisa-Anı	n Samboy Ca	ase num	ber (if known)	
6.	Utilit	ies:				•
•	6a.		r, heat, natural gas	6a.	\$	300.00
	6b.	_	ewer, garbage collection	6b.	\$	12.00
	6c.	Telephone	e, cell phone, Internet, satellite, and cable services	6c.	\$	150.00
	6d.	Other. Sp		6d.	\$	0.00
7.	Food	and hous	sekeeping supplies	_ 7.	\$	250.00
8.			children's education costs	8.	\$	0.00
9.	Cloth	ning, laund	dry, and dry cleaning	9.	\$	50.00
10.	Pers	onal care p	products and services	10.	\$	75.00
11.	Medi	cal and de	ental expenses	11.	\$	10.00
12.	Trans	sportation.	. Include gas, maintenance, bus or train fare.			
	Do no	ot include c	car payments.	12.	*	120.00
			clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
			tributions and religious donations	14.	\$	0.00
15.		rance.				
		ot include ir Life insura	nsurance deducted from your pay or included in lines 4 or 20.	150	<b>c</b>	0.00
		Health ins		15a.	·	0.00
		Vehicle in:		15b.	•	0.00
			···	15c.		100.00
10			urance. Specify:	_ 15d.	\$	0.00
10.	Speci		nclude taxes deducted from your pay or included in lines 4 or 20.	16.	e	0.00
17			ease payments:	_ '0.	Ψ	0.00
			ents for Vehicle 1	17a.	\$	0.00
			ents for Vehicle 2	17b.	·	0.00
		Other, Spe		17c.	·	0.00
		Other, Spe		_ 17d.		0.00
18.		•	of alimony, maintenance, and support that you did not report as	- ' -	<u> </u>	0.00
	dedu	cted from	your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19.	Othe	r payments	s you make to support others who do not live with you.		\$	0.00
	Speci			19.		
20.			erty expenses not included in lines 4 or 5 of this form or on Schedu			
			s on other property	20a.	·	0.00
		Real estat		20b.	•	0.00
		-	homeowner's, or renter's insurance	20c.	•	0.00
			nce, repair, and upkeep expenses	20d.	·	0.00
			ner's association or condominium dues	20e.		0.00
21.	Othe	r: Specify:		21.	+\$	0.00
22.	Calcu	ulate vour i	monthly expenses			
			through 21.		<b>S</b>	1,167.00
	22b. (	Copy line 2:	2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
			a and 22b. The result is your monthly expenses.		\$	1,167.00
						1,107.00
23.			monthly net income.			
			12 (your combined monthly income) from Schedule I.	23a.		2,405.50
	23b.	Copy your	r monthly expenses from line 22c above.	23b.	-\$	1,167.00
	00-	Autotor of co				
	23C.		our monthly expenses from your monthly income.	23c.	\$	1,238.50
		The result	is your monthly net income.	200.		1,200.00
24.	Do yo	ou expect a	an increase or decrease in your expenses within the year after you f	file this	form?	
	For ex	ample, do yo	ou expect to finish paying for your car loan within the year or do you expect your mo	ortgage p	payment to increas	e or decrease because of a
	modifie	cation to the	terms of your mortgage?	•		
	■ No					
	☐ Ye	es.	Explain here:			

***					
Fill in this informa	ation to identify your	case:			
Debtor 1	Lisa-Ann Samboy	1			
	First Name	Middle Name	Last Name		
Debtor 2	First Name	Balada Nama	Last Name		
(Spouse if, filing)	riisi Naille	Middle Name	Last Maille		
United States Bank	kruptcy Court for the:	EASTERN DISTRICT (	F NEW YORK		
Case number				П	heck if this is an
(ii lailotti)					mended filing
Official Form  Declaration		ın Individual	Debtor's Sc	hedules	12/15
f two married peo	ple are filing togethe	r, both are equally respo	nsible for supplying corr	rect information.	
obtaining money o	or property by fraud in U.S.C. §§ 152, 1341, 1	r connection with a ban	s or amended schedules. kruptcy case can result i	Making a false statement, conce n fines up to \$250,000, or imprise	ealing property, or onment for up to 20
	or agree to pay some	one who is NOT an attor	ney to help you fill out b	ankruptcy forms?	
■ No					
☐ Yes. Na	me of person			Attach Bankruptcy Petitic  Declaration, and Signatu	
Under penalty that they are t	of perjury, I declare rue and correct	that I have read the sum	mary and schedules filed	d with this declaration and	
$\mathbf{x} > 1$	Mand Da	ball.	х		
Lisa-Ahr	1 Samboy of Debtor 1	7	Signature of I	Debtor 2	
Date <u>M</u> a	ay 14, 2018	<u> </u>	Date		

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

De			ation to identify your	case:			
-0	btor 1	٠	Lisa-Ann Sambo				
De	btor 2	<u>!</u>	First Name	Middle Name	Last Name		
(Sp	ouse if,	filing)	First Name	Middle Name	Last Name		
Un	ited S	tates Ban	kruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK		
	ise nui nown)	mber					Check if this is an amended filing
			<u>m 107</u>				
St	ate	ment (	of Financial <i>A</i>	Affairs for Indivi	duals Filing for	Bankruptcy	4/16
info nun	ormati nber ( nt 1:	if known	ore space is needed, a ). Answer every quest	ittach a separate sheet to tion. ital Status and Where Yo	this form. On the top of a	re equally responsible for su iny additional pages, write yo	our name and case
	_	•		•			
		Married Not marri	ed				
2.	Duri	ng the las	st 3 vears, have you li	ved anywhere other than	where you live now?		
			,	vou anywhore outer than	where you had how !		
		No Yes. List	all of the places you liv	ed in the last 3 years. Do n	not include where you live no	ow.	
	Deb	otor 1 Pric	or Address:	Dates Debtor 1	Debtor 2 Prior A	\ddress:	Dates Debtor 2 lived there
3. state	With 9s and	in the las d territorie	t 8 years, did you eve s include Arizona, Calif	r live with a spouse or le ornia, Idaho, Louisiana, Ne	gal equivalent in a commu evada, New Mexico, Puerto	unity property state or territo Rico, Texas, Washington and	ry? (Community property Nisconsin.)
		No Yes. Mak	e sure you fill out <i>Sche</i>	dule H: Your Codebtors (O	fficial Form 106H).		
Par	rt 2	Explain	the Sources of Your	Income			
l.	Fill in	the total	amount of income you	received from all jobs and :	ng a business during this y all businesses, including pa re together, list it only once u	year or the two previous cale rt-time activities. under Debtor 1.	endar years?
	-	No Yes. Fill i	n the details.			•	
				Debtor 1		Debtor 2	
				Sources of income	Gross income	Sources of income	Gross income

Official Form 107

De	aprol 1	LIS	a-Ann Sa	твоу					ase number (if known)			
5.	Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filling a joint case and you have income that you received together, list it only once under Debtor 1.											
	List ead	ch s	ource and t	the gross inco	me from e	ach source separat	tely. Do	not include income	e that you listed in li	ne 4.		
	■ N	0										
	□ Ye	es. F	ill in the de	etails.								
					Debtor 1 Sources Describe	of income below.	each (befo	s income from source re deductions and sions)	Debtor 2 Sources of Inc Describe below		Gross Incom (before deduc and exclusion	tions
Pa	ırt 3:	List (	Certain Pa	yments You	Made Bef	ore You Filed for I	Bankruj	otcy				
6.		0.	Neither De	ebtor 1 nor D	ebtor 2 ha	rimarily consumer as primarily consu family, or househol	mer de	bts. Consumer de	bts are defined in 11	U.S.C. § 101	(8) as "incurred	by an
					_	l for bankruptcy, di	d you pa	ay any creditor a to	otal of \$6,425* or mo	re?		
			□ No. □ Yes	paid that cre	ach credito editor. Do r	or to whom you pai not include paymen to an attorney for th	ts for do	mestic support ob	e in one or more pay ligations, such as cl	ments and th	ne total amount y nd alimony. Also	/ou ), do
			* Subject	to adjustment	on 4/01/19	and every 3 years	after th	nat for cases filed o	on or after the date o	f adjustment.		
	■ Ye					re primarily consu I for bankruptcy, die			otal of \$600 or more?	<b>?</b>		
			■ No.	Go to line 7	ı							
			□ Yes	List below e include paye attorney for	nents for d	lomestic support of	d a total oligation	of \$600 or more a s, such as child su	nd the total amount ipport and alimony.	you paid that Also, do not ir	creditor. Do not aclude payments	₃ to an
	Credit	or's	strong the sale fills	l Address		Dates of payme	<b>nt</b>	Total amount pald	Amount you still owe	Was this p	ayment for	
7.	Insiders of which	s incl h you ess :	lude your r u are an of	elatives; any ; ficer, director,	general par person in	rtners; relatives of a control, or owner o	any gen f 20% o	eral partners; partr r more of their voti	owed anyone who nerships of which yo ng securities; and an ic support obligation	u are a gener	al partner; corpo	orations one for
	■ No		ist all paym	nents to an ins	sider.							
	Inside	rs N	lame and	Address		Dates of paymer	nt	Total amount paid	Amount you still owe	Reason fo	this payment	
8.	insider	7				ey, did you make a		ments or transfer	any property on a	ccount of a d	lebt that benefi	ted an
	■ No		st all paym	ents to an ins	ider							
	Inside	r's N	lame and	Address		Dates of paymer	nt .	Total amount paid	Amount you still owe	Reason for Include crea	this payment ditor's name	

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Debtor 1 Lisa-Ann Samboy Case number (if known) Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Case title Nature of the case Status of the case Court or agency Case number Federal National Mortgage Assn residential Suffolk County Supreme Pending foreclosure action Court On appeal Lisa Ann Jelinek, et al 1 Court Street □ Concluded 40406/2009 Riverhead, NY 11901 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address Describe the Property Value of the Date property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes, Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code)

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De	btor 1	Lisa-Ann Samboy		****	Cas	e number (if known)	
25.	Have	you notified any governmental unit o	of any i	release of hazardous material?			
		No					
		Yes. Fill in the details.					
		ne of site Iress (Number, Street, City, State and ZIP Code)		Governmental unit: Address (Number, Street, City, State and ZIP Code)		Environmental law, if you know it	Date of notice
26.	Have	you been a party in any judicial or ad	dminist	trative proceeding under any envi	rironn	nental law? Include settlements	and orders.
		No Yes. Fill in the details.					
		e Title e Number		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nat	ure of the case	Status of the case
Par	t 11:	Give Details About Your Business or	r Conn	ections to Any Business			
27.	With	in 4 years before you filed for bankrup	ptcy, di	id you own a business or have an	ny of i	the following connections to any	/ business?
		☐ A sole proprietor or self-employed	l in a tr	ade, profession, or other activity,	, eithe	er full-time or part-time	
		☐ A member of a limited liability com	ıpany (	LLC) or limited liability partnershi	nip (Li	_P)	
		☐ A partner in a partnership					
		☐ An officer, director, or managing e	xecuti	ve of a corporation			
		☐ An owner of at least 5% of the voti	ng or e	equity securities of a corporation			
		No. None of the above applies. Go to	_				
	_	Yes. Check all that apply above and fi					
	Bus Add	iness Name ress ber, Street, City, State and ZIP Code)	Des	cribe the nature of the business ne of accountant or bookkeeper		Employer Identification numbe Do not include Social Security Dates business existed	
28.	With instit	in 2 years before you filed for bankrup tutions, creditors, or other parties.	otcy, di	d you give a financial statement t	to any	one about your business? Incli	ıde all financial
		No					
		Yes. Fill in the details below.					
	Nam Add (Num		Date	Sissed			
Par	t 12:	Sign Below	****				
are t with 1/8 U Lis	irue a a/bai i.\$.C. a-An	d the answers on this Statement of Find correct. I understand that making a nkruptcy case can result in fines up to §§ 152, 1341, 1519, and 3571.  The Samboy of Debtor 1	a faise	statement, concealing property, a	or ob	taining money or property by fra	hat the answers and in connection
Dat	e <u>M</u>	ay 14, 2018		Date			
Did ; ■ N □ Y	lo	ttach additional pages to Your Statem	ent of	Financial Affairs for Individuals F	Filing	for Bankruptcy (Official Form 10	7)?
Did y ■ N		ay or agree to pay someone who is no	ot an at	torney to help you fill out bankru	ıptcy	forms?	
□ Y				etition Preparer's Notice, Declaratio Financial Affairs for Individuals Filing			page 6

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Fill in this information to identify your case:	Check as di	rected in lines 17 and 21:
Debtor 1 Lisa-Ann Samboy	According Statemer	g to the calculations required by this it:
Debtor 2 (Spouse, if filing)	3	isposable income is not determined under I U.S.C. § 1325(b)(3).
United States Bankruptcy Court for the: Eastern District of New York		isposable income is determined under 11 .S.C. § 1325(b)(3).
Case number(if known)	□ 3. T	he commitment period is 3 years.
	■ 4. T	he commitment period is 5 years.
	☐ Chec	k if this is an amended filing
Be as complete and accurate as possible. If two married people are filing toget space is needed, attach a separate sheet to this form. Include the line number additional pages, write your name and case number (if known).	her, both are equally re to which the additional	sponsible for being accurate. If more information applies. On the top of any
Part 1: Calculate Your Average Monthly Income		
What is your marital and filing status? Check one only.		
☐ Not married. Fill out Column A, lines 2-11.		
■ Married. Fill out both Columns A and B, lines 2-11.		
Fill in the average monthly income that you received from all sources, derived during 101(10A). For example, if you are filing on September 15, the 6-month period would be Marc the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do respouses own the same rental property, put the income from that property in one column only	h 1 through August 31. If the not include any income amou	amount of your monthly income varied during int more than once. For example, if both

0.00

0.00

0.00

0.00

0.00

7,416.00

0.00

0.00

0.00

0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period Software Copyright (c) 1996-2018 Best Case, LLC - www.bestcase.com

Debtor 1

Debtor 1 0.00

0.00

0.00

0.00

0.00 Copy here -> \$

0.00 Copy here -> \$

\$

\$

-\$

Your gross wages, salary, tips, bonuses, overtime, and commissions (before all

Alimony and maintenance payments. Do not include payments from a spouse if

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments

payroll deductions).

Column B is filled in.

you listed on line 3.

profession, or farm

5. Net income from operating a business,

Gross receipts (before all deductions)

Gross receipts (before all deductions)

Ordinary and necessary operating expenses

6. Net income from rental and other real property

Ordinary and necessary operating expenses

Net monthly income from rental or other real property

Net monthly income from a business, profession, or farm \$

3.

Case number (if known)

Lisa-Ann Samboy

Debtor 1

	<del>-</del>						
				Column A Debtor 1		Column B Debtor 2 o non-filing	<b>)</b>
7.	Interest, dividends, and royalties			\$	0.00	\$	0.00
	Unemployment compensation			\$	0.00	\$	0.00
	Do not enter the amount if you contend that the am the Social Security Act. Instead, list it here:	ount received was a be	nefit under				
	For you	<b></b>	0.00				
	For your spouse		0.00				
9.	Pension or retirement Income. Do not include an benefit under the Social Security Act.	y amount received that	was a	\$	0.00	\$	0.00
	Income from all other sources not listed above. Do not include any benefits received under the Soc received as a victim of a war crime, a crime agains domestic terrorism. If necessary, list other sources total below.	cial Security Act or payn t humanity, or internatio	nents nal or	\$	0.00	s	0.00
				\$	0.00	\$	0.00
	Total amounts from separate pages, if any	· · · · · · · · · · · · · · · · · · ·		\$	0.00	\$	0.00
			•		7.00	<u> </u>	7 [
	Calculate your total average monthly income. A each column. Then add the total for Column A to the		* \$	0.00	+ \$ _	7,416.00	= \$ 7,416.00
12. ( 13. (	Copy your total average monthly income from It Calculate the marital adjustment. Check one:	ne 11.		***			\$ 7,416.00
	☐ You are not married. Fill in 0 below.						
-	☐ You are married and your spouse is filing with	you. Fill in 0 below.					
1	You are married and your spouse is not filing	with you.					
	Fill in the amount of the income listed in line 1 dependents, such as payment of the spouse's	tax liability or the spous	se's suppor	t of someone	e other th	an you or you	ır dependents.
	Below, specify the basis for excluding this inco- adjustments on a separate page.		income dev	oted to each	purpose	. If necessary	, list additional
	If this adjustment does not apply, enter 0 belo	W.	¢				
			_ <b>*</b>				
			+\$		<del></del> 		
	Total		\$	0.00	) co	py here=>	_ 0.0
14.	Your current monthly income. Subtract line 13	from line 12.	<b></b>				\$ 7,416.00
15.	Calculate your current monthly income for the	vear. Follow these ster	ns.				
	46- O. P. 441	year. I ollow these step					s 7,416.00
	Multiply line 15a by 12 (the number of mont				·		x 12
	15b. The result is your current monthly income for	or the year for this part o	of the form.	***************************************		********	\$ 88,992.00

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Case number (if known)

16	i. Calcula	ate the median family income that applies to y	ou. Follow these steps:		
	16a. Fil	Il in the state in which you live.	NY		
	16b. Fil	Il in the number of people in your household.	2		
17	To ins	Il in the median family income for your state and of find a list of applicable median income amounts structions for this form. This list may also be avaing the lines compare?	, go online using the link specified in the	separate \$_	68,087.00
•		☐ Line 15b is less than or equal to line 16c. C	n the top of page 1 of this form, check h	ox 1. Disnosable income is no	t determined under
		11 U.S.C. § 1325(b)(3). Go to Part 3. Do N			
	17b.	Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calcuyour current monthly income from line 14 a	lation of Your Disposable Income (Of		
Par	t 3:	Calculate Your Commitment Period Under 11	J.S.C. § 1325(b)(4)		
18.	Сору у	our total average monthly income from line 1	1.	\$	7,416.00
19.	Deduct contend	t the marital adjustment if it applies. If you are if that calculating the commitment period under 1 is income, copy the amount from line 13.	married, your spouse is not filing with yo	ou, and you	
		the marital adjustment does not apply, fill in 0 on	line 19a.	<b>-</b> \$	0.00
	19b. <b>S</b> u	ubtract line 19a from line 18.		\$_	7,416.00
20.	Calcula	ate your current monthly income for the year.	Follow these steps:		
	20a. Co	ppy line 19b	·	\$_	7,416.00
	Mι	ultiply by 12 (the number of months in a year).		-	x 12
	20b. Th	ne result is your current monthly income for the yo	ar for this part of the form	\$_	88,992.00
	20c. Co	ppy the median family income for your state and	ize of household from line 16c	s	68,087.00
	21. Ho	ow do the lines compare?			
		Line 20b is less than line 20c. Unless otherwis period is 3 years. Go to Part 4.	e ordered by the court, on the top of pag	ge 1 of this form, check box 3,	The commitment
	M	Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	ess otherwise ordered by the court, on t	he top of page 1 of this form, o	check box 4, <i>The</i>
Par	4: \$	Sign Below	<u></u>		
X	Lisa-	ing here, under penalty of perjury I declare that the samboy ure of Debtor 1	e information on this statement and in a	iny attachments is true and co	rrect.
	M	May 14, 2018 IM / DD / YYYY			
		necked 17a, do NOT fill out or file Form 122C-2.			
	If you ch	necked 17b, fill out Form 122C-2 and file it with t	is form. On line 39 of that form, copy yo	ur current monthly income from	n line 14 above.

Debtor 1

Lisa-Ann Samboy

Fill in this information to identify your case:		
Debtor 1 Lisa-Ann Samboy	-	
Debtor 2 (Spouse, if filing)	-	
United States Bankruptcy Court for the: Eastern District of New York	_	
Case number(if known)	☐ Check if this is an amended filing	
Official Form 122C-2 Chapter 13 Calculation of Your Disposable I	Income o	4/16
To fill out this form, you will need your completed copy of Chapter 13 Statem Commitment Period (Official Form 122C-1).	nent of Your Current Monthly Income and Calculation of	
Be as complete and accurate as possible. If two married people are filing tog space is needed, attach a separate sheet to this form, include the line numbe additional pages, write your name and case number (if known).  Part 1: Calculate Your Deductions from Your Income	gether, both are equally responsible for being accurate. If more er to which additional information applies. On the top any	,
The Internal Revenue Service (IRS) issues National and Local Standards for the questions in lines 6-15. To find the IRS standards, go online using the information may also be available at the bankruptcy clerk's office.  Deduct the expense amounts set out in lines 6-15 regardless of your actual expenses if they are higher than the standards. Do not include any operating expenses if they are higher than the standards.	e link specified in the separate instructions for this form. This spense. In later parts of the form, you will use some of your actual expenses that you subtracted from income in lines 5 and 6 of Form	9
122C-1, and do not deduct any amounts that you subtracted from your spouse	e's income in line 13 of Form 122C-1.	
<ul> <li>If your expenses differ from month to month, enter the average expense.</li> <li>Note: Line numbers 1-4 are not used in this form. These numbers apply to infor</li> </ul>	region couled by a similar form used in charles 7	
5. The number of people used in determining your deductions from inc		
Fill in the number of people who could be claimed as exemptions on your plus the number of any additional dependents whom you support. This number of people in your household.	federal income tax return.	
National Standards You must use the IRS National Standards to ans	swer the questions in lines 6-7:	
6. Food, clothing, and other items: Using the number of people you entere Standards, fill in the dollar amount for food, clothing, and other items.	ed in line 5 and the IRS National \$ 1,132.00	)
7. Out-of-pocket health care allowance: Using the number of people you e the dollar amount for out-of-pocket health care. The number of people is speople who are 65 or older-because older people have a higher IRS allow higher than this IRS amount, you may deduct the additional amount on line	split into two categoriespeople who are under 65 and wance for health car costs. If your actual expenses are	

Official Form 22C-2

ebtor 1 L	Lisa-Ann Samboy			Case number (if kr	nown)		
People	who are under 65 years of age	e. D					
7a.	Out-of-pocket health care allowance per person	\$	49				
7b.	Number of people who are under 65	Х	2				
7c.	Subtotal. Multiply line 7a by line 7b.	\$	98.00	Copy here=>	\$	98.00	
People \	who are 65 years of age or older						
7d.	Out-of-pocket health care allowance per person	\$	117				
7e.	Number of people who are 65 or older	Х	0				
7f.	Subtotal. Multiply line 7d by line 7e.	\$	0.00	Copy here=>	\$	0.00	
7g.	Total. Add line 7c and line 7f		\$	98.00	Copy 1	otal here=>	\$ 98.00
Local St	andards You must use the IRS Local Standards t	o answer	the questions in	lines 8-15.		Halbertalo de centrales 18 a Mario de Carlos	
Based o bankrup	on information from the IRS, the U.S. Trustee Prop toy purposes into two parts:	gram has	s divided the IRS	S Local Standard	for housi	ng for	
■ Hous	ing and utilities - Insurance and operating expen	ses					
■ Hous	ing and utilities - Mortgage or rent expenses						
separate 8. Hou in th	ver the questions in lines 8-9, use the U.S. Truste e instructions for this form. This chart may also busing and utilities - Insurance and operating expense dollar amount listed for your county for insurance	e avallat enses: U:	ble at the bankru sing the number	uptcy clerk's offic	e.	-	675.00
9. <b>Ho</b> u	using and utilities - Mortgage or rent expenses:						
9a.	Using the number of people you entered in line 5, f listed for your county for mortgage or rent expense		dollar amount		\$ 2	,292.00	
9b.	Total average monthly payment for all mortgages a	ınd other	debts secured by	y your home.			
	To calculate the total average monthly payment, accontractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60.	ld all amo ) months	ounts that are after you file				
	Name of the creditor		verage monthly lyment				
	Seterus Inc	\$_	2,386.77	7_			
	9b. Total average monthly paymen	n <b>t</b> \$_	2,386.77	Copy here=> -\$			Repeat this amount on line 33a.
9c.	Net mortgage or rent expense.						
	Subtract line 9b (total average monthly payment) for rent expense). If this number is less than \$0, ent	om line 9 er \$0.	a (mortgage	\$	0.00	Copy here=>	\$ 0.00
						•	·

Debtor 1	Lisa-Ann Samboy			Case numb	er ( <i>if known</i> )		
11.	Local transportation expenses: Check the number of vehi	cles for which	you claim a	an owners	ship or operatir	ng expense.	
	☐ 0. Go to line 14.						
	☐ 1. Go to line 12.						
	2 or more. Go to line 12.						
12.	Vehicle operation expense: Using the IRS Local Standards operating expenses, fill in the Operating Costs that apply for	s and the nun	ber of vehic	cles for wi	hich you claim in statistical are	the ea. \$	598.00
13.	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles.	Standards, c	alculate the	net owne	ership or lease	expense for each v	ehicle below. e expense for
Vel	hicle 1 Describe Vehicle 1:						
13a.	Ownership or leasing costs using IRS Local Standard		•••••	\$	0.00		
13b.	Average monthly payment for all debts secured by Vehicle 1 Do not include costs for leased vehicles.						
	To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mon bankruptcy. Then divide by 60.			!			
	Name of each creditor for Vehicle 1	Average m payment	onthly				
	-NONE-	\$					
	Total Average Monthly Payment	\$	0.00	Copy here =>	-\$	0.00 Repeat this amount on line 33b.	
13c.	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0	), enter \$0		<b>\$</b>	0.00	Copy net Vehicle 1 expense here => \$	0.00
Vel	hicle 2 Describe Vehicle 2:			L			
	Ownership or leasing costs using IRS Local Standard			\$	0.00		
	Average monthly payment for all debts secured by Vehicle 2 leased vehicles.			·			
	Name of each creditor for Vehicle 2	Average m payment	onthly				
	-NONE-	\$	<del> </del>				
	Total average monthly payment	\$	0.00	Copy here => -\$	0.0	Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownership or lease expense			, С		Copy net	
	Subtract line 13e from line 13d. if this number is less than \$0	, enter \$0	••••••	·  s_	0.00	Vehicle 2 expense here => \$	0.00
14.	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of v	in line 11, us whether you	ing the IRS use public	Local S transpor	tandards, fill i	 in the \$	0.00
15.	Additional public transportation expense: If you claimed 1 also deduct a public transportation expense, you may fill in w not claim more than the IRS Local Standard for <i>Public Trans</i>	hat you belier	icles in line /e is the app	11 and if propriate	you claim that expense, but y	you may ou may \$	0.00

Debtor 1 Lisa-Ann Samboy Case number (if known) Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. 16. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. 1.525.00 Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. 0.00 Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form 0.00 of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. 0.00 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 0.00 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 0.00 Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. 0.00 Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment 0.00 expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 4.028.00 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance 0.00 Disability insurance 0.00 Health savings account 0.00 + \$ Total 0.00 0.00 Copy total here=> Do you actually spend this total amount? No. How much do you actually spend? Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may 0.00 include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

0.00

By law, the court must keep the nature of these expenses confidential.

tor 1	Lisa-Ann Samboy	Case number (if know	·			
	Additional home energy costs. Your home ine 8.	e energy costs are included in your insurance and operating	g expense	s on		
	f you believe that you have home energy or 3, then fill in the excess amount of home en	osts that are more than the home energy costs included in elergy costs	expenses o	on line		
	You must give your case trustee documenta amount claimed is reasonable and necessa	ation of your actual expenses, and you must show that the $\epsilon$	additional		\$	0.0
1	Education expenses for dependent child \$160.42* per child) that you pay for your de public elementary or secondary school.	iren who are younger than 18. The monthly expenses (no pendent children who are younger than 18 years old to atte	t more that end a privat	n te or		
	You must give your case trustee documenta claimed is reasonable and necessary and n	ation of your actual expenses, and you must explain why th ot already accounted for in lines 6-23.	e amount			
	Subject to adjustment on 4/01/19, and eve	ery 3 years after that for cases begun on or after the date of	f adjustmer	nt.	\$	0.0
		he monthly amount by which your actual food and clothing a allowances in the IRS National Standards. That amount ca s in the IRS National Standards.				
		ional allowance, go online using the link specified in the sep so be available at the bankruptcy clerk's office.	parate			
	You must show that the additional amount o	claimed is reasonable and necessary.			<b>\$</b> _	0.0
	Continuing charitable contributions. The nstruments to a religious or charitable orga	amount that you will continue to contribute in the form of c nization. 11 U.S.C. § 548(d)(3) and (4).	ash or fina	ncial		
	Do not include any amount more than 15% -	of your gross monthly income.			<u></u> *_	0.0
	Add all of the additional expense deduct Add lines 25 through 31.	ions.			\$	0.00
	ingen in de la companya del companya del companya de la companya d	中的 6 年 8 代 3 19 19 12 16 7 7 1 1 3 18 7 18 4 1 1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Dedu	ctions for Debt Payment					
edu 3. F	ctions for Debt Payment	in property that you own, including home mortgages, v 33a through 33e.	ehicle			
Dedu 3. F Id	ctions for Debt Payment or debts that are secured by an interest in the secured debt, fill in lines	33a through 33e. ent, add all amounts that are contractually due to each sec				
Dedu 33. F Id	ctions for Debt Payment or debts that are secured by an interest is ans, and other secured debt, fill in lines to calculate the total average monthly payments	33a through 33e. ent, add all amounts that are contractually due to each sec				je montkly
edu 3. F Id T C	ctions for Debt Payment or debts that are secured by an interest is lans, and other secured debt, fill in lines or calculate the total average monthly payment to the form of	33a through 33e. ent, add all amounts that are contractually due to each seconkruptcy. Then divide by 60.			Averag payme \$	
edu 3. F lo T c	ctions for Debt Payment or debts that are secured by an interest is lans, and other secured debt, fill in lines or calculate the total average monthly payment to the form of	33a through 33e. ent, add all amounts that are contractually due to each sec				nt
Pedu 3. F Id T c	ctions for Debt Payment or debts that are secured by an interest is ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bar Mortgages on your home  Copy line 9b here  Loans on your first two vehicles	33a through 33e. ent, add all amounts that are contractually due to each seconkruptcy. Then divide by 60.	ured			nt
3. Files	ctions for Debt Payment or debts that are secured by an interest is ans, and other secured debt, fill in lines of calculate the total average monthly paymereditor in the 60 months after you file for bar Mortgages on your home  Copy line 9b here  Loans on your first two vehicles Copy line 13b here	33a through 33e. ent, add all amounts that are contractually due to each seconkruptcy. Then divide by 60.	ured	.=>		nt 2,386.77
Dedu 33. F Id T	ctions for Debt Payment or debts that are secured by an interest is cans, and other secured debt, fill in lines or calculate the total average monthly payment editor in the 60 months after you file for bare Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here	33a through 33e. ent, add all amounts that are contractually due to each seconkruptcy. Then divide by 60.	ured	.=> .=>		2,386.77 0.00
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3. F 16 T C 33a. 3b. 3c. 3d.	ctions for Debt Payment or debts that are secured by an interest is ans, and other secured debt, fill in lines or calculate the total average monthly paymereditor in the 60 months after you file for bare Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:	and all amounts that are contractually due to each secondary. Then divide by 60.  Identify property that secures the debt	oes paymi iclude taxe r insurance	=> => => =>	payme \$ \$	2,386.77 0.00
edu 3. F 16 T 3a. 3b. 3c.	ctions for Debt Payment or debts that are secured by an interest is cans, and other secured debt, fill in lines of calculate the total average monthly payment editor in the 60 months after you file for bare Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:	and all amounts that are contractually due to each secondary. Then divide by 60.  Identify property that secures the debt	oces paymerclude taxe	=> => => =>		2,386.77 0.00
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33. F ld T cl 33a.	ctions for Debt Payment or debts that are secured by an interest is ans, and other secured debt, fill in lines or calculate the total average monthly paymereditor in the 60 months after you file for bare Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:	and all amounts that are contractually due to each second ruptcy. Then divide by 60.  Identify property that secures the debt	oces paymenciude taxer insurance No Yes No Yes No No	=> => => == >	payme \$ \$	2,386.77 0.00

Debtor 1	Lisa-/	Ann Samboy			Cas	e number (	f known)			<u> </u>
		ebts that you listed in line property necessary for you				) <b>,</b>				
	No.	Go to line 35.								
	1	State any amount that you listed in line 33, to keep po Next, divide by 60 and fill ir	ssession of your property (							
	ne of the c ONE-	reditor	Identify property that secu		Fire and the property of the p		re amount =		onthly nount	cure
					Total	\$	0.00	Copy total here=>	\$	0.00
35. D	o you ov re past d	we any priority claims - su lue as of the filing date of	uch as a priority tax, child your bankruptcy case?	i support, 11 U.S.C.	or allmony - th	at				
	■ No.	Go to line 36.								
_	Yes.	Fill in the total amount of al ongoing priority claims, suc	h as those you listed in line	e 19.					_	
		Total amount of all past-di	ue priority claims		****	\$	0.00	+ 60	<b>\$</b>	0.00
36. <b>P</b>	rojected	monthly Chapter 13 plan	payment			\$				
C th Te	Office of the Execution	ultiplier for your district as s ne United States Courts (fo tive Office for United States t of district multipliers that inclu structions for this form. This list	r districts in Alabama and N Trustees (for all other dist des your district, go online usir	North Caro ricts). ng the link s	lina) or by	x				
A	verage m	nonthly administrative expe	nse			\$		Copy total here=> \$		
		of the deductions for debt 33e through 36.	payment.						\$	2,386.77
Total	Deducti	ons from Income								
38. A	dd all of	the allowed deductions.								
		24, All of the expenses all allowances	owed under IRS	\$	4,028.00	) 				
	Copy line	32, All of the additional ex	pense deductions	\$	0.00	<u>)</u>				
(	Copy line	37, All of the deductions fo	or debt payment	+\$	2,386.77	<u>,</u>				
	Total ded	luctions		\$	6,414.77	Сор	y total here=>	\$	<b>.</b>	6,414.77

	Lisa-Ann Samboy			C	ase i	number (if known)		
t 2:	Determine Your Disposable Income Under 11 to	J.S.C. § 13:	25(b)(	2)				
	opy your total current monthly income from line 1- tatement of Your Current Monthly Income and Cal-				d.		\$	7,416.0
D. Fi ch di: re	ill in any reasonably necessary income you receiven nildren. The monthly average of any child support pay sability payments for a dependent child, reported in Paceived in accordance with applicable nonbankruptcy lecessary to be expended for such child.	e for suppo yments, fos art I of Forn	ort for ter can n 1220	r dependent re payments, or C-1, that you		s 0	.00	<u>, , , , , , , , , , , , , , , , , , , </u>
. Fi er in	ill in all qualified retirement deductions. The month apployer withheld from wages as contributions for qual 11 U.S.C. § 541(b)(7) plus all required repayments of pecified in 11 U.S.C. § 362(b)(19).	ified retirem	nent p	lans, as specifie	ed	\$ 0	.00	
2. Tc	otal of all deductions allowed under 11 U.S.C. § 70	7(b)(2)(A).	Сору	line 38 here	=>	\$ 6,414	.77	
ex the cir	eduction for special circumstances. If special circuit spenses and you have no reasonable alternative, described eir expenses. You must give your case trustee a detain reumstances and documentation for the expenses.	cribe the sp	ecial	circumstances a	and	i dis		
)SCI	ribe the special circumstances		s	Amount of exp	oen	58		
			— * \$					
			*			<u>—</u>		
						Copy		
		Total	\$	0.00	-	here=> \$ 	0.00	
l. Tc	otal adjustments. Add lines 40 through 43.			=>		6,414,77	Copy here=> -\$	6,414.7
								0,11-711
. Cí	alculate your monthly disposable income under §	1325(b)(2).	. Subti	ract line 44 from	ı line	39.	\$	1,001.23
							T	
	1						L	
	Change in Income or Expenses							
i. Ch ha tim yo	Change in Income or Expenses  hange in income or expenses. If the income in Formative changed or are virtually certain to change after the ne your case will be open, fill in the information below out filed your petition, check 122C-1 in the first column, ages increased, fill in when the increase occurred, and	e date you f . For examp . enter line 2	filed yo ole, if t 2 in th	our bankruptcy p the wages repor e second colum	betit ted in e	ion and during the increased after		
i. Ch ha tim yo wa	hange in income or expenses. If the income in Formave changed or are virtually certain to change after the ne your case will be open, fill in the information below or filed your petition, check 122C-1 in the first column, ages increased, fill in when the increase occurred, and Line Reason for change	e date you f . For examp . enter line 2	filed yo ole, if t 2 in th	our bankruptcy p the wages repor e second colum	oetil ted in, e s.	ion and during the increased after xplain why the increase or decrease?	Amount of c	h <b>ange</b>
i. Ch ha tin yo wa rm	hange in income or expenses. If the income in Formave changed or are virtually certain to change after the ne your case will be open, fill in the information below to filed your petition, check 122C-1 in the first column, ages increased, fill in when the increase occurred, and Line Reason for change	e date you f . For examp . enter line 2	filed yo ole, if t 2 in th	our bankruptcy pur bankruptcy in the wages reported second column tof the increase Date of chang	oetil ted in, e s.	ion and during the increased after xplain why the increase or	Amount of c	hange
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3. Cl- ha tim yo wa 1 122 1 122 1 122 1 122	hange in income or expenses. If the income in Formative changed or are virtually certain to change after the ne your case will be open, fill in the information below, but filed your petition, check 122C-1 in the first column, ages increased, fill in when the increase occurred, and  Line Reason for change  2C-1 2C-2 2C-1 2C-2 2C-1	e date you f . For examp . enter line 2	filed yo ole, if t 2 in th	our bankruptcy pur bankruptcy in the wages reported second column tof the increase Date of chang	oetil ted in, e s.	ion and during the increased after xplain why the increase or decrease? Increase Decrease Increase Decrease Increase Increase Increase Increase Increase	\$ \$	h <b>ange</b>
ha tin yo	hange in income or expenses. If the income in Formative changed or are virtually certain to change after the ne your case will be open, fill in the information below, but filed your petition, check 122C-1 in the first column, ages increased, fill in when the increase occurred, and  Line Reason for change  10C-1 10C-2 10C-2 10C-1	e date you f . For examp . enter line 2	filed yo ole, if t 2 in th	our bankruptcy pur bankruptcy in the wages reported second column tof the increase Date of chang	oetil ted in, e s.	ion and during the increased after xplain why the increase or decrease?  Increase  Increase  Decrease  Increase  Decrease	\$	hange die der der der der der der der der der de

Debtor 1	Lisa-Ann Samboy	Case number (if known)
Part 4:	Sign Below	
×	Lisa Ann Samboy Signature of Debtor 1	rmation on this statement and in any attachments is true and correct.
	May 14, 2018 MM / DD / YYYY	

Official Form 122C-2

. . . .

Debtor 1 Lisa-Ann Samboy Case number (if known)

Case 8-18-73287-reg Doc 1 Filed 05/14/18 Entered 05/14/18 15:02:55

# **Current Monthly Income Details for the Debtor**

**Debtor Income Details:** 

Income for the Period 11/01/2017 to 04/30/2018.

ebtor 1	Lisa-Ann Samboy		Case number (if known)	
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# **Current Monthly Income Details for the Debtor's Spouse**

### Spouse Income Details:

Income for the Period 11/01/2017 to 04/30/2018.

### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment

Income by Month:

6 Months Ago:	11/2017	\$7,416.00
5 Months Ago:	12/2017	\$7,416.00
4 Months Ago:	01/2018	\$7,416.00
3 Months Ago:	02/2018	\$7,416.00
2 Months Ago:	03/2018	\$7,416.00
Last Month:	04/2018	\$7,416.00
	Average per month:	\$7,416.00

Official Form 122C-2

B2030 (Form 2030) (12/15)

# United States Bankruptcy Court Eastern District of New York

In re	Lisa-Ann Samboy		Case No.	
		Debtor(s)	Chapter	13
	DISCLOSURE OF COMPENSATI	ON OF ATTORNEY	Y FOR DE	BTOR(S)
1,	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certi compensation paid to me within one year before the filing of the p be rendered on behalf of the debtor(s) in contemplation of or in co	etition in bankruptcy, or agre	ed to be paid	to me, for services rendered or to
			\$	1,500.00
	Prior to the filing of this statement I have received	•••••	\$	1,500.00
	Balance Due		\$	0.00
2.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4.	■ I have not agreed to share the above-disclosed compensation v	vith any other person unless	they are memi	bers and associates of my law firm.
	I have agreed to share the above-disclosed compensation with copy of the agreement, together with a list of the names of the			
5.	In return for the above-disclosed fee, I have agreed to render legal	service for all aspects of the	bankruptcy c	ase, including:
	<ul> <li>a. Analysis of the debtor's financial situation, and rendering advices.</li> <li>b. Preparation and filing of any petition, schedules, statement of a confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor's financial situation, and rendering advices the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of the debtor at the debtor</li></ul>	affairs and plan which may be infirmation hearing, and any	e required; adjourned hea	rings thereof;
	Negotiations with secured creditors to reduce to reaffirmation agreements and applications as ne 522(f)(2)(A) for avoidance of liens on household	eded; preparation and f		
6.	By agreement with the debtor(s), the above-disclosed fee does not Representation of the debtors in any dischargea any other adversary proceeding.			es, relief from stay actions or
		IFICATION (		
	I certify that the foregoing is a complete statement of any agreeme pankruptcy proceeding.	nt or arrangement for payme	ent to me for re	epresentation of the debtor(s) in
			}	
	May 14, 2018 Date	Charles J. Risker		
		Signature of Attorney		
		Charles J. Fisher, Esq. 375 Commack - Suite 2	04	
		Deer Park, NY 11729	47) 404 400	_
		(631) 456-4842 Fax: (9 cjfjurisdr@aol.com	17) 404-1683	•
		Name of law firm		

## UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

### STATEMENT PURSUANT TO LOCAL **BANKRUPTCY RULE 1073-2(b)**

CASE NO.:.

<b>DEBTOR(S):</b>	Lisa-Ann Samboy	CASE NO.:.
Pursuant to concerning Related	Local Bankruptcy Rule 10 Cases, to the petitioner's be	073-2(b), the debtor (or any other petitioner) hereby makes the following disclosure est knowledge, information and belief:
was pending at any spouses or ex-spous partnership and one have, or within 180	time within eight years bef es; (iii) are affiliates, as de or more of its general parti	for purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case fore the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are fined in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a ners; (vi) are partnerships which share one or more common general partners; or (vii) t of either of the Related Cases had, an interest in property that was or is included in the \$\frac{1}{2}\$(a).]
□ NO RELATED	CASE IS PENDING OR H	IAS BEEN PENDING AT ANY TIME.
■ THE FOLLOW	ING RELATED CASE(S)	IS PENDING OR HAS BEEN PENDING:
1. CASE NO.: <b>16</b> -	- <b>70532</b> JUDGE:	DISTRICT/DIVISION: EDNY
CASE STILL PENI	OING (Y/N): N	[If closed] Date of closing:
CURRENT STATE	US OF RELATED CASE:	(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WH	ICH CASES ARE RELAT	ED (Refer to NOTE above): Prior Filing 2/11/2016
	LISTED IN DEBTOR'S S F RELATED CASE:	CHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
2. CASE NO.:	JUDGE: DIST	RICT/DIVISION:
CASE STILL PENI	DING (Y/N):	[If closed] Date of closing:
CURRENT STATE	US OF RELATED CASE:	(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WH	ICH CASES ARE RELAT	ED (Refer to NOTE above):
REAL PROPERTY SCHEDULE "A" O	LISTED IN DEBTOR'S S F RELATED CASE:	CHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
3. CASE NO.:	JUDGE: DIST	TRICT/DIVISION:
CASE STILL PENI	DING (Y/N):	[If closed] Date of closing:

Doc 1 Filed 05/14/18 Entered 05/14/18 15:02:55 Case 8-18-73287-reg DISCLOSURE OF RELATED CASES (cont'd) **CURRENT STATUS OF RELATED CASE:** (Discharged/awaiting discharge, confirmed, dismissed, etc.) MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above): REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: \_\_\_\_\_ NOTE: Pursuant to 11 U.S.C. § 109(g), certain individuals who have had prior cases dismissed within the preceding 180 days may not be eligible to be debtors. Such an individual will be required to file a statement in support of his/her eligibility to file. TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTORNEY, AS APPLICABLE: I am admitted to practice in the Eastern District of New York (Y/N): Y CERTIFICATION (to be signed by pro se debtor/petitioner or debtor/petitioner's attorney, as applicable): I certify under penalty of perjury that the within bankruptcy case is not related to any case now pending or pending at any time, except as indicated elsewhere of this form. Charles J. Fisher Signature of Debtor's Attorney Signature of Pro Se Debtor/Petitioner Charles J. Fisher, Esq. 375 Commack - Suite 204 Deer Park, NY 11729 (631) 456-4842 Fax:(917) 464-1685 Signature of Pro Se Joint Debtor/Petitioner Mailing Address of Debtor/Petitioner City, State, Zip Code Area Code and Telephone Number Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice. NOTE: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise

result.

UNITED STATES	BANKRUPTCY COURT
EASTERN DISTRI	CT OF NEW YORK
	X
In re	cf4030

LISA-ANN SAMBOY aka LISA-ANN JELINEK, STATEMENT PURSUANT TO LOCAL RULE 2017

			De	bto	or.	
 	 	 . <b>-</b> -				 X

Chapter 13

Charles J. Fisher, an attorney duly admitted to practice in the Eastern District of New York, states as follows:

- 1. I am an attorney licensed to practice law in the State of New York as well as the Eastern and Southern Districts of New York, and I represent the above-captioned debtor (the "Debtor").
- 2. Prior to the filing of the petition herein, the following services were provided to the Debtor:

DATE	SERVICE	TIME
05/03/18	Initial interview, analysis of financial condition, discussion with Debtor of alternatives to bankruptcy; review of obligations of a debtor under chapter 7 and chapter 13.	2.00
05/03/18- 05/14/18	Obtained additional information necessary to complete petition; preparation of petition.	3.00
05/14/18	Final review of petition and schedules with Debtor prior to filing.	1.00

- 3. I expect to have to spend approximately 8.0 hours answering additional questions and giving additional advice to the Debtor as well as appearing with the Debtor at the first meeting of creditors.
- 4. All of the aforementioned services rendered herein prior to and after the petition filing were or will be performed by my firm.
- 5. My usual rate of compensation on bankruptcy matters of this type is \$350.00/hour.

Dated: Deer Park, New York May 14, 2018

/s/ Charles J. Fisher
Charles J. Fisher, Esq. (cf4030)

Seterus Inc PO Box 1077 Hartford, CT 06143-1077

## United States Bankruptcy Court Eastern District of New York

In re	Lisa-Ann Samboy		Case No.	
		Debtor(s)	Chapter	13

# **VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) or attorney for the deb	otor(s) hereby verify that the attached matrix (list of
creditors) is true and correct to the best of their knowledg	

Date: May 14, 2018

Date: May 14, 2018

Lisa Arin Samboy Signature of Debtor

Signature of Attorney Charles J. Fisher Charles J. Fisher, Esq.

375 Commack - Suite 204 Deer Park, NY 11729

(631) 456-4842 Fax: (917) 464-1685

USBC-44